

STANDARD CERTIFICATE OF DEATH

State File No. **31154**

FILED OCT 3 1951

BIRTH NO.		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3001		Registrar's No. 230	
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		0873	
d. FULL NAME OF HOSPITAL OR INSTITUTION 510 W Hogan				d. STREET ADDRESS (If rural, give location) 510 W Hogan			
3. NAME OF DECEASED (Type or Print) a. (First) Carl b. (Middle) Frederick c. (Last) Priesmeyer				# DATE OF DEATH (Month) (Day) (Year) Sept. 27 1951			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 10 1888	
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rtd. Druggist		11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Carl Priesmeyer		13b. MOTHER'S MAIDEN NAME No data		14. NAME OF HUSBAND OR WIFE Bea			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME Mrs Priesmeyer		ADDRESS Moberly	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c): *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 10 hours ANTECEDENT CAUSES (b) Chronic Coronary Sclerosis DUE TO (c) Chronic Generalized Art-Sclerosis 10 yrs. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov 1947 , to Sept 27, 1951 , that I last saw the deceased alive on Sept 27, 1951 , and that death occurred at 10:45 PM , from the causes and on the date stated above.							
23a. SIGNATURE L. E. Baker		(Degree or title) MO		23b. ADDRESS 600 W. Lee St, Moberly		23c. DATE SIGNED Sept 27 '51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 29 1951		24c. NAME OF CEMETERY OR CREMATORY Oakland		24d. LOCATION (City, town, or county) (State) Moberly MO	
DATE REC'D BY LOCAL REG. 9/29/51		REGISTRAR'S SIGNATURE Seah Williams		25. FUNERAL DIRECTOR'S SIGNATURE Mahan and Son		ADDRESS Moberly MO	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

883

MAY 20 1952

Date Received: OCT 1 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-51-1738
Date Filed: OCT 2 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.